

## *Clinical Course/Rotation Syllabus*

**Course Name: Junior Clerkship in Surgery 2018-19**

**Course Number: SURG 631**

**Course Director: Dr. Laura Vick, 601-815-1288, [lvick@umc.edu](mailto:lvick@umc.edu)**

**Dr. Felicitas Koller, 601-815-0259, [fkoller@umc.edu](mailto:fkoller@umc.edu)**

**Course Coordinator: Denise Merideth, 601-984-5114, [dmerideth@umc.edu](mailto:dmerideth@umc.edu)**

### **Introduction**

Welcome to the Junior Clerkship in Surgery! This rotation has been designed to provide each junior medical student with a broad-based experience in the art and science of surgery, which is a very important part of the overall field of medical care.

During your eight weeks with us in Surgery, you will spend four weeks on a specialty General Surgery service and four weeks on a subspecialty service. Hopefully, these experiences will give you a broader perception of what a career in surgery is like and how surgical conditions are managed.

We put forth a great amount of effort to make this rotation the very best for our students. We listen to your constructive criticism, and take that information into account when making changes. Please let us know if you have any suggestions.

If you have any questions before, during, or after the Clerkship, or would like to discuss further options in Surgery, please do not hesitate to contact us.

### **Schedule**

Duty Hours (per the School of Medicine student handbook)

- Students are expected to not work more than 80 hours per week, averaged over a 4 week period
- Students will have 1 day off in 7, averaged over a four week period
- Scheduled days off will be either Saturday or Sunday
- Post-call students are excused from clinical activity at 11:00 a.m. – **not before 11:00 a.m.**
- **Leaving prior to 11:00 a.m. will be considered as an unexcused absence**
- Weekdays off will only be granted for attendance at academic meetings or conferences – no personal events - at the Clerkship and Associate Clerkship Directors discretion.
- Final approval for days off will be through the Clerkship Director and Associate Clerkship Director
- Duty hours are logged in E\*Value
- If you feel you are being pressured to stay past your duty hours, please contact the Clerkship or Associate Clerkship Director

### Absences

**Any** absences must be approved by the Clerkship Director

- Residents/fellows/NP may not approve absences or early dismissals
- Absences must be reported to the Clerkship Director **and** Coordinator's office **and** the Dean's Office

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- If you are sick, please email the Clerkship Coordinator, resident, and faculty on your service prior to the day starting
- An excuse from Student/Employee Health will be required for **any** days missed for illness
- More than three excused days missed may require time on that rotation to be made up
- More than eight excused days missed will require the entire rotation to be made up
- One unexcused absence will result in 5 points deducted from your final grade
- Two unexcused absences will result in failure of the course, and repeating the clerkship
- Unexcused absences will be deemed such at the Clerkship Director's discretion

### **Per the School of Medicine:**

The University Of Mississippi Medical Center School Of Medicine is committed to a quality educational experience for all students. In order to maintain this quality, it is required that all students maintain an adequate attendance at functions while participating in each third year core clerkship.

Therefore, each student is only allowed 1 day off for each week of the clerkship to coincide with the School of Medicine Duty Hours policy of an average of 1 day off in 7. For example, for a 2 week clerkship, a student will only be allowed 2 days off; for a 4 week clerkship, 4 days; and for an 8 week clerkship, 8 days. If additional days are required for school or personal functions during a given clerkship, these days **MUST** be approved by the Clerkship Director for that rotation.

### **Course Objectives**

There are five major objectives during the M3 Surgical Clerkship. Students are to:

1. Develop a fundamental knowledge base in major disease processes for which surgery is the cornerstone of therapy.
2. Develop clinical decision-making skills and the ability to acquire, interpret, synthesize, and record clinical information required to define, understand, and manage patient problems in surgery.
3. Develop the skills necessary to present surgical patients to faculty, residents and peers in a clinical setting.
4. Develop and maintain personal qualities of conduct and the integrity of a practicing physician.
5. Develop as self-directed and mentor-directed learners who will take personal responsibility for, and be committed to, acquiring current knowledge as well as becoming life-long learners. Thus, you will be held responsible for, and evaluated upon, knowledge acquired on your own through self-study outside the didactic faculty and student lecture series.

### **Core Competencies**

#### **Patient Care**

Students must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

[Corresponding Course Objective\(s\): \(2\) Develop clinical decision-making skills and the ability to acquire, interpret, synthesize, and record clinical information required to define, understand, and manage patient problems in surgery](#)

#### **Medical Knowledge**

Students must be able to demonstrate knowledge about established and evolving biomedical,

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clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

Corresponding Course Objective(s): (1) Develop a fundamental knowledge base in major disease processes for which surgery is the cornerstone of therapy

### **Practice-Based Learning and Improvement**

Students must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.

Corresponding Course Objective(s): (2) Develop clinical decision-making skills and the ability to acquire, interpret, synthesize, and record clinical information required to define, understand, and manage patient problems in surgery

### **Interpersonal and Communication Skills**

Students must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, patients' families, and professional associates.

Corresponding Course Objective(s): (3) Develop the skills necessary to present surgical patients to faculty, residents and peers in a clinical setting

### **Professionalism**

Students must be able to demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

Corresponding Course Objective(s): (4) Develop and maintain personal qualities of conduct and the integrity of a practicing physician.

### **Systems-Based Practice**

Students must be able to demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

Corresponding Course Objective(s): (2) Develop clinical decision-making skills and the ability to acquire, interpret, synthesize, and record clinical information required to define, understand, and manage patient problems in surgery; (5) Develop as self-directed and mentor-directed learners who will take personal responsibility for, and be committed to, acquiring current knowledge as well as becoming life-long learners. Thus, you will be held responsible for, and evaluated upon, knowledge acquired on your own through self-study outside the didactic faculty and student lecture series

## **Goals**

The goal of the surgery rotation is to impart a solid fund of knowledge to the student, with an emphasis on the principles of General Surgery.

While we strive to have every student see and experience as much as possible, we realize that you will have a different experience based on your clinical rotations.. The goals described below are to introduce and help assure a degree of uniformity in your experience.

The student will learn how to:

1. Perform a history and physical exam for a surgical patient
2. Perform appropriate work up, including lab tests and imaging, for surgical problems
3. Diagnose surgical problems
4. Manage surgical problems

The following general surgery conditions will be seen:

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1. **Abdominal Pain: (4)** real or simulated patients, such as, but not limited to:
  - a. Appendicitis
  - b. Cholecystitis
  - c. Bowel obstruction
  - d. Diverticulitis
2. **Colorectal: (2)** real or simulated patients, such as, but not limited to:
  - a. Inflammatory bowel disease
  - b. Anorectal disease
  - c. Colon cancer
3. **Breast: (2)** real or simulated patients, such as, but not limited to:
  - a. Benign breast disease
  - b. Malignant breast disease
4. **Hernias: (2)** real or simulated patients, such as, but not limited to:
  - a. Pediatric or Adult
  - b. Ventral hernia – umbilical, epigastric, incisional
  - c. Inguinal hernia
  - d. Diaphragmatic hernia
  - e. Hiatal hernia
5. **Trauma: (4)** real or simulated patients, such as, but not limited to:
  - a. Abdominal injuries – blunt and penetrating
  - b. Fractures
  - c. Traumatic brain injury
  - d. Vascular injuries
  - e. Resuscitation of a trauma patient
6. **Wound management: (2)** real or simulated patients, such as, but not limited to:
  - a. Chronic wounds
  - b. Routine post-operative wounds
7. **Cancer: (2)** real or simulated patients, such as, but not limited to:
  - a. Disease process where surgery is the primary treatment
  - b. Surgical evaluation and staging of hematological malignancies

## **Teaching Methods**

### Faculty Lectures

- Case based lectures designed to cover topics not seen in other formats (WISE MD, student lectures)
- Scheduling of the lectures will attempt to correspond with reading material for a given week
- Please read ahead of time
- Attendance is mandatory – 85% attendance is required
- Students will be required to sign in for every lecture and event
- Students post call during a lecture will be counted as present
- Failure to meet the 85% attendance will result in 1 point being deducted from the final grade

### Conferences

#### Surgical Education Wednesdays, CW 106

- 7:00 a.m.: Morbidity and Mortality Conference
- 8:00 a.m.: Grand Rounds – not necessarily weekly

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- Attendance is mandatory, even if you are post call
- Urology and Peds. CT students only are excused from M&M to attend Urology and Peds. CT conference

### Knot-Tying and Suturing Workshops and Competition

- Mandatory knot-tying and suturing workshop at the beginning of the rotation
- Prior to the workshop, the knot tying and suturing WISE-MD modules will be completed
- One supplemental workshop for practice
- M3 Top Gun Competition at the end of the rotation
  - Winners in three categories: knot tying, vascular anastomosis, suturing
  - Bonus points will be given to winners on lowest quiz scores
  - Each student must be able to complete 8 two handed knots with good form in 30 seconds
- Suturing lab is open as you want – contact Dr. Drew Hildebrandt, 984-5089, Clinical sciences building, L018, basement
- Knot tying kits are available from Dr. Hildebrandt or Ethicon
  
- Go to: <https://www.ethicon.com>

Click on “Contact Us”

On the subject drop down menu, select “Student Requests”

Click on the link in the box that comes up

Click “OK” on the box that pops up

Fill in the request form

In the “Questions/Comments” section, provide your field of study, where you are attending school and your complete mailing address

Each student is allowed to request only one Knot Tying Kit.

Click “Send Email”

### Overnight General Surgery and Trauma Call

- Very important part of the clinical experience
- At the University
- This covers trauma and surgery call (General, Pediatric, Vascular, Cardiothoracic, Transplant)
- Weekday call is 5:00 p.m. – 7:00 a.m.
- Weekend call (Saturday and Sunday) is 7:00 a.m. – 7:00 a.m.
- Everyone will take weekend as well as weekday call
- The call schedule is made as fairly as possible – DO NOT COMPLAIN
- If you do not show up for parts of your call, you will make up call after the rotation is over

### Responsibilities while on-call include, but not limited to:

- Contacting the on-call resident and letting them know you are the student on call
- Every student attending every trauma call
- Evaluating and working up all consults in the emergency room and on the floor
- Scrubbing and assisting in the operating room for ALL cases going to the operating room

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### To start call:

- Find the student on trauma or coming off call and obtain a trauma pager
- Receive any to do lists from the student coming off call/trauma
- Notify the on-call resident that you are the student on call
- Ask what you can help with and what needs to be done

### To end call:

- Find the student starting call or on the day time trauma service and hand off the trauma pager
- Sign out any to do lists for the patients
- Do not leave a pager in either the Student Lounge or the Residents Lounge
- If you lose a pager, you will be required to purchase a new one for \$50.

### Call room:

- SICU (Room E120-12) – combination 234
- If both a female and a male student are on call at the same time, the male student may use the Student Lounge (N039)

### Mentor Program

- A faculty mentor will be assigned to you during your first 4 week rotation
- This mentor will complete your formative evaluation
- Introduce yourself to the faculty as their mentee, and spend as much time with them as possible

## **Assessment Method**

### Grading Rubric:

H&P	5%
Clinical Skills Assessment	10%
Student Case-Based Presentations	5%
Professionalism	10%
Ward Evaluations	30% (Faculty Evals.22.5%, Resident/Fellow/NP Evals 7.5%)
Quizzes/Mid-Term and Final Exam	20% (Each quiz 10% (4), Midterm 25%, Final 35%)
Final NBME Examination (Board)	20%

Final grades are submitted to the registrar's office in a format of XX.XX, rounded to the second decimal. We do not round grades up. An 89.98, for example, will not round up to a 90.

### History and Physical Exam (5%)

- Completed during your General Surgery service (Surgery A, Surgery B, Transplant, VA, or ACS)
- Witnessed by the assigned faculty member
- Complete H&P with history, physical exam, differential diagnosis, assessment and plan
- Templates found in EPIC are not acceptable
- Graded using a standardized grading guide
- Student is responsible for giving grading guide and H&P to assigned faculty and a copy to Madison

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- H&Ps found to be copied and pasted straight from the medical record will result in a zero
- H&Ps not turned in by the due date will result in a zero. No exceptions.

### Clinical Skills Assessment (10%)

- Assessment of your clinical skills via simulated patient scenarios
- Two scenarios
  - Consent
  - Abdominal pain
- Standardized grading scale
  - 65% = Standardized Patient Score (Interpersonal Skills, H&P)
  - 35% = Note Score (documented H&P, DDx, and W/U)

### Student Case-Based Presentation (5%)

- Power point presentation on assigned case topics
- 5 NBME style questions asked at end of presentation
- Top 5 pearls learned from the case submitted on Tuesday by noon to Madison prior to Wednesday presentation
- Graded by faculty members on ability to present and content using a standardized grading guide
- Allows student to become intimately familiar with a general surgery topic as well as work on presentation skills

### Professionalism (10% - 10 points of your final grade)

- Professionalism component of grade includes completion of assigned tasks:
  - WISE-MD modules – must complete all 21 modules by 0700 Wednesday morning of the week scheduled
    - Online lecture series consisting of 21 surgical modules
    - Allows students to see interactions between physicians and patients (professionalism)
    - Failure to complete the modules for the week will result in a deduction of 1 out of 10 points from the professionalism grade for each week not completed
  - Progress notes
    - Notes are written on all patients that you are actively participating in their care on the student's service
    - No resident EPIC templates are to be used
    - We will ask for current note examples to turn in for critique while you are on service
    - Failure to complete progress notes will result in a deduction of 5 out of 10 points from the professionalism grade
  - Unprofessional behavior, as deemed by the Clerkship and/or Associate Clerkship Director, will also subject the student to deduction of points, up to 10 points, from the professionalism grade

### Clinical Evaluations (30%)

- Evaluations by faculty, nurse practitioners, fellows, and chief residents
- Evaluation of wards, clinic and intraoperative performance
- Assesses the student's clinical abilities, knowledge base, and participation
- Faculty evaluations count for 75% of the evaluation grade

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- Nurse practitioner, fellow and chief resident evaluations count for 25%

### Quizzes/Midterm Exam/Final Exam (20%)

- Quizzes will be given every Wednesday starting the second week of the rotation. A review will take place directly after
- Please refer to the reading schedule for topics that will be covered on each quiz
- Midterm exam will take place over the fourth weekend covering everything up to that point as an open book exam on ExamSoft
- Failure to complete the midterm exam in the assigned time frame will result in a zero
- Final exam will be 100 questions on ExamSoft the week before the Board exam, covering all topics

### NBME Shelf Exam in Surgery (20%)

- At the end of the rotation
- Must obtain a score of 54 or higher to pass the board
- The following is the board failure policy for the School of Medicine:
  - First board failure, student will retake the examination
  - Second board failure, the student will be required to participate in a two-week elective Independent study block, then retake
  - Third board failure, student will be required to repeat the clerkship
  - Fourth board failure, student will be required to repeat the entire year

### Opportunities for Extra Credit

- Tumor Board Conference Worksheet – 5 bonus points to lowest quiz score
- Bonus points may also be awarded for the knot tying and suturing contest winners

### NBME Clinical Science Surgery Content Outline:

Below is a list of topics with their percentages for what will be on your NBME shelf exam:

<b>General Principles</b>	1%–5%
<b>Organ Systems</b>	
Immunologic Disorders	1%–5%
Diseases of the Blood and Blood-forming Organs	5%–10%
Diseases of the Nervous System and Special Senses	5%–10%
Cardiovascular Disorders	10%–15%
Diseases of the Respiratory System	10%–15%
Nutritional and Digestive Disorders	25%–30%
Gynecologic Disorders	5%–10%
Renal, Urinary, and Male Reproductive System	5%–10%
Disorders of Pregnancy, Childbirth, and the Puerperium	1%–5%
Disorders of the Skin and Subcutaneous Tissues	1%–5%
Diseases of the Musculoskeletal System and Connective Tissue	5%–10%
Endocrine and Metabolic Disorders	5%–10%



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### **Physician Tasks**

Promoting Health and Health Maintenance	1%–5%
Understanding Mechanisms of Disease	20%–25%
Establishing a Diagnosis	45%–50%
Applying Principles of Management	25%–30%

[http://www.nbme.org/Schools/Subject-Exams/Subjects/clinicalsci\\_surg.html](http://www.nbme.org/Schools/Subject-Exams/Subjects/clinicalsci_surg.html)

For those who want to practice NBME questions, the NBME offers self-assessment services. Two tests may be purchased for \$20 dollars each under the clinical science mastery series.

<https://nsas.nbme.org/home>

### **Professionalism**

We follow the code of Honorable and Professional Conduct as set forth in the School of Medicine's current Student Handbook

Guidelines for professional conduct include, but are not limited to:

- Professional Attire
  - Dress in a professional manner
  - Clean, white coat at conferences, clinics and on the wards
  - Scrubs are to be changed into at the hospital for operative days and on-call
  - Scrubs should not be worn to M&M conference or Grand rounds
- Punctuality
  - Students are expected to be on time for all aspects of the Clerkship
  - Chronic tardiness will not be tolerated and will result in unfavorable evaluations
- Responsibility
  - Students are not expected to make independent decisions regarding patient care
  - Students are expected to come up with treatment plans and discuss with the team
  - Routine clinical responsibilities include (but are not limited to):
    - Individual work rounds on all patients followed by the student
    - Changing of dressings and other patient care tasks, as assigned by the residents
    - Collecting of all pertinent laboratory and radiologic data
    - Presentation of patients on staff rounds as well as resident work rounds
    - Writing appropriate progress notes in the electronic medical record daily
    - Following your patients in the SICU
- Politeness and Respect
  - Respect and be polite to patients, physicians, nurses and other ancillary health care staff
  - Respect and be polite to other students
  - The use of vulgar and foul language will not be tolerated and will result in points being deducted from your final grade at the discretion of the Clerkship and Associate Clerkship Director
  - No "private" conversations during rounds or in patient rooms
  - No use of electronic devices during rounds or in patient rooms unless looking up specific medical information requested

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- If you feel that a patient or any health care staff has been disrespectful to you, please leave the situation immediately and contact the Clerkship or Associate Clerkship Director
- Patient Confidentiality
  - Medical records contain protected health information
  - This information cannot be circulated outside the institution
  - The information is on a need to know basis only – if you are not directly involved in the patient’s care, please do not access the medical record
  - The compliance office tracks each individuals use of the medical record, and know every patient chart, and every tab in that chart that was accessed
  - Any patient information that is on a printed sheet should be disposed of in a secure manner such as a shredder. Do not throw away in a trash can
  - HIPAA violations can be subject to disciplinary action
- Golden Ticket
  - Allows you to have one afternoon off for wellness (doctor’s appointments, leaving early on Friday afternoon for a wedding, etc)
  - If not used during the rotation, may be used to leave at noon the day before the boards
  - Must notify your team, your attending and turn your ticket in to Madison
  - To have a morning off will take a conversation with Dr. Koller or Dr. Vick
  - One per rotation
  - Misuse will be reflected in your professionalism grade

## Educational Resources

### Textbooks

#### Required:

1. Essentials of General Surgery 5<sup>th</sup> edition (2013) – Peter F. Lawrence
2. NMS Surgery 6<sup>th</sup> edition (2016) – Jarrell and Carabasi

Textbooks will be available for rent through the Surgery Clerkship office. There will be a fee of \$15.00 per textbook. There will be a charge for books returned in poor condition, as determined by the clerkship director. A grade of incomplete will be recorded until books are either returned or paid for in full.

### Reading Schedule:

Reading Assignments -	Corresponding NMS Chapters	Quizzes	Wise MD
<b>Week 1 (Wed. – Tues.)</b> <b>Essentials of General Surgery Chapters</b> 5. Shock 6. Surgical Critical Care 9. Trauma 10. Burns <b>TEAM training manual</b>	1. Shock pp 27-30 1. ICU pp 22-26 22. Trauma pp 352 - 359 22. Burns pp 359 - 361	<b>Quiz 1</b>	Trauma Resuscitation Burn Management
<b>Week 2 (Wed. – Tues.)</b> <b>Essentials of General Surgery Chapters</b> 1. Periop Eval and Management of Surgical Patients 2. Fluids, Electrolytes, and Acid-Base Balance, 4. Surgical Bleeding: <b>NMS Review Book Chapters</b> 3. Post Operative pp 51-53 5 Principles of Thoracic Surgery 6. Heart <b>Essentials of General Surgery Chapters</b>	3. Medical Risk Factors pp 43-57 1. Fluid/Electrolytes/Acid-Base pp 3-12 1. Coagulation pp 13-17	<b>Quiz 2</b>	Lung Cancer
<b>Week 3 (Wed. – Tues.)</b> <b>Essentials of General Surgery Chapters</b>		<b>Mid-Term</b>	Inguinal Hernia

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<p>3. Nutrition</p> <p>7. Wounds and Wound Healing</p> <p>8. Surgical Infections</p> <p>11. Abdominal Wall, including Hernia</p> <p>24. Surgical Oncology</p> <p><b>NMS Review Book Chapters</b></p> <p>19 Bariatric Surgery</p>	<p>1. Nutrition pp 17-21</p> <p>1. Wound healing pp 16-20</p> <p>2. Infections pp 40-41</p> <p>2. Hernia pp 35-39</p> <p>21. Surgical Oncology pp 344-351</p>		<p>Pediatric Hernia</p> <p>Skin Cancer</p> <p>Bariatric Surgery</p>
<b>Week 4 (Wed. – Tues.)</b>			
<p><b>Essentials of General Surgery Chapters</b></p> <p>12. Esophagus</p> <p>13. Stomach and Duodenum</p> <p>23. Transplantation</p> <p><b>NMS Review Book Chapters</b></p> <p>4. Common life threatening disorders pp 58-77</p> <p>24. Pediatric Surgery</p>	<p>9. Esophagus pp 153 - 160</p> <p>10. Stomach and Duodenum pp 161 - 172</p> <p>23. Organ transplant pp 362 - 375</p>	<b>Quiz 4</b>	<p>Pyloric stenosis</p>
<b>Week 5 (Wed. – Tues.)</b>			
<p><b>Essentials of General Surgery Chapters</b></p> <p>14. Small Intestine and Appendix</p> <p>17. Pancreas</p> <p>18. Liver</p> <p>16. Biliary Tract</p>	<p>11. Small Intestine pp 173 - 179</p> <p>14. Pancreas pp 215 - 229</p> <p>13. Liver pp 204 - 212</p> <p>13. GB/Biliary Tree pp 212-214</p>	<b>Quiz 5</b>	<p>Appendicitis</p> <p>Bowel obstruction</p> <p>Pancreatitis</p> <p>Cholecystitis</p>
<b>Week 6 (Wed. – Tues.)</b>			
<p><b>Essentials of General Surgery Chapters</b></p> <p>15. Colon, Rectum, and Anus</p> <p>22. Diseases of the Vascular System</p> <p><b>NMS Review Book Chapters</b></p> <p>25. Urologic Surgery</p>	<p>12. Colon, rectum, anus pp 180 - 203</p> <p>7. Peripheral Arterial Dz pp 118-134</p> <p>8. Venous and Lymphatic Dz pp 135-143</p>	<b>Final Exam</b> (Week 7 material inc.)	<p>Anorectal disease</p> <p>Diverticulitis</p> <p>Colon cancer</p> <p>Abdominal Aortic Aneurysm</p> <p>Carotid Stenosis</p>
<b>Week 7 (Wed. – Tues.)</b>			
<p><b>Essentials of General Surgery Chapters</b></p> <p>19. Breast</p> <p>20. Surgical Endocrinology</p> <p>21. Spleen and Lymph Nodes</p>	<p>16. Breast pp 256 - 265</p> <p>17. Thyroid, Parathyroid, Adrenal Gland,</p> <p>15. Spleen pp 230 - 236</p>	<b>Board</b>	<p>Breast Cancer</p> <p>Adrenal adenoma</p> <p>Hypercalcemia</p> <p>Thyroid nodule</p>

## Counseling Services

The following counseling services are available through the University:

- Academic Counseling Services – provides assistance which enables students to develop relevant skills and behaviors essential to academic and personal success
  - Natalie Gaughf, PhD
  - 601-815-4223
- Professional Counseling Services – LifeSynch provides information about mental health, life, family, legal, money and work issues
  - Confidential services
  - Lifesynch.com/eap; username: UMMC password: UMMC
  - 1-866-219-1232
- Please feel free to come to the Clerkship Director, Associate Clerkship Director or a faculty member that you trust if you are having personal or academic issues that are endangering your ability to productively continue your medical school career, or you would just like to talk with someone.

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### Faculty Contact Information

General Surgery A	-Dr. Thomas Helling	815-1800
	-Dr. Gerald McKinney	815-1800
General Surgery B	-Dr. Ken Vick	815-1800
	-Dr. Laura Vick	984-5080
Acute Care Surgery/Trauma	-Dr. Shawn McKinney	815-1800
	-Dr. Jonathan Carroll	984-5120
	-Dr. Larry Martin	815-1176
	-Dr. Shuntaye Batson	984-5120
	-Dr. Leon Sykes	984-5120
Surgery VA	-Dr. Matthew Kutcher	984-5120
	-Dr. Rajesh Kuruba	319-1356
	-Dr. Jonathan Carroll	319-1356
	-Dr. Ken Vick	319-1358
	-Dr. Khalled Fares	319-1356
Cardiac	-Dr. Gerald McKinney	319-1356
	-Dr. Larry Creswell	984-5170
	- Dr. Pat Cochran	948-5170
	-Dr. Anthony Panos	984-5170
	-Dr. Jay Shake	984-5170
Thoracic	-Dr. Hannah Copeland	984-5170
	- Dr. Pierre de Delva	984-5170
	-Dr. Jacob Moremen	984-5170
Pediatric Cardiothoracic	-Dr. Brian Kogon	984-4693
Pediatric Surgery	-Dr. Christopher Blewett	984-5050
	-Dr. David Sawaya	984-5050
	-Dr. Barry Berch	984-5050
	-Dr. Michael Morris	984-5050
Plastics	-Dr. Peter Arnold	984-5180
	-Dr. Abelardo Medina	984-5180
	-Dr. Carolyn Cushing	984-5180
	-Dr. Ben McIntyre	815-1312
Vascular	-Dr. Fred Rushton	984-2680
	-Dr. Marc Mitchell	984-2680
	-Dr. Danon Garrido	984-2680
	-Dr. Daniel Ramirez	984-2680
	-Dr. Chad Huckabay	984-5185
Urology	-Dr. Charles Pound	984-5185
	-Dr. Clint Collins	984-5185
	-Dr. Christopher Bean	984-5185
	-Dr. Chris Anderson	815-3141
Transplant	-Dr. Truman Mark Earl	815-3141
	-Dr. Shannon Orr	815-3141
	-Dr. Jim Wynn	815-3141
	-Dr. Felicitas Koller	815-3141